

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

CONCUSSION CARE & TRAINING PROGRAM

Request for Applications

RFA #CHA_CCTP112114

Release Date: November 21, 2014

Submission Deadline: December 22, 2014 by 4:00 pm



**DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION**

NOTICE OF FUNDING AVAILABILITY

RFA # CHA_CCTP112114

FY 2015 Concussion Care and Training Program

The Government of the District of Columbia, Department of Health (DOH), Community Health Administration (CHA) is soliciting applications from eligible organizations to develop and implement a concussion care and training program for the District of Columbia.

The program should provide concussion care training and accompanying educational training materials on the following:

- Concussion – Signs and Symptoms
- Concussion in Sports
- Concussion in Youth Sports
- Traumatic Brain Injury

Local appropriated enhancement funding in the amount of \$450,000 is available to implement this program.

The release date for **RFA#CHA_CCTP11.21.14** will be **Friday, November 21, 2014**. The complete RFA will be available on the Office of Partnerships and Grants Services website, <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> under the DC Grants Clearinghouse. A limited number of copies will also be available for pick-up at 899 North Capitol Street, NE, Third Floor (Reception Area), Washington, D.C. 20002.

The deadline for submission and receipt of completed applications is **Monday, December 22, 2014 by 4:00 p.m.** Late submissions will not be accepted.

A Pre-Application Conference will be held on Tuesday, December 2, 2014 from 2:00 p.m. to 4:00 p.m. at *899 North Capitol St., NE, Conference Room 306.

Applicants are encouraged to e-mail their questions to sherry.billings@dc.gov or call (202) 442-9173 prior to the pre-application conference.

*899 North Capitol St. NE is a secured building. Government issued identification must be presented for entrance.

**District of Columbia Department of Health
Terms for Requests for Applications & Funding**

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):

- Funding for an award is contingent on continued funding from the DOH grantor or funding source.
- The RFA does not commit DOH to make an award.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application i.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant, including all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, 2 CFR 215 or effective December 26, 2014 the 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards); provide payment provisions identifying how the grantee will be paid for performing under the award; provide reporting requirements, including programmatic, financial and any special reports required by the granting Agency and compliance conditions that must be met by the grantee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: www.opgs.dc.tov (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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CHECKLIST FOR APPLICATIONS

- ☐ The applicant has completed a DOH Application for Grant Funding (NEW) and affixed it to the front of the Application Package. which includes an applicant profile, proposal summary/abstract, contact information, and all assurance and certification documents)
- ☐ The complete Application Package should include the following:
 - ✓ DOH Application for Grant Funding
 - ✓ Project Narrative
 - ✓ Project Work Plan
 - ✓ Project Budget & Justification
 - ✓ Package of Assurances and Certification Documents
 - ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of commitment, Memoranda of Understanding (MOU) logic models, etc.)
- ☐ Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- ☐ The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- ☐ The Project Narrative is printed on 8½ by 11-inch paper, **Single-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. The **narrative** (excluding Budget & Justification, Work Plan and all other attachments) is limited to **ten (10) pages**. The **entire application package** is **40 pages maximum** (including attachments). Applications that do not conform to this requirement will not be forwarded to the review panel.
- ☐ The application proposal format conforms to the “Application Elements” listed in the RFA.
- ☐ The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The Proposed Workplan is complete and complies with the forms and format provided in the RFA
- ☐ The Applicant is submitting one (1) marked original and three (3) hard copies.
- ☐ The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- ☐ The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:00 p.m., on the deadline date of **Friday, December 22, 2014**.

I. GENERAL INFORMATION

A. Key Dates

Notice of Funding Announcement Date: November 4, 2014

Request for Application Release Date: November 21, 2014

Pre Application Meeting Date: December 2, 2014

Application Submission Deadline: December 22, 2014

Anticipated Award Start Date: February 2, 2015

B. Source of Grant Funding

FY 15 District Appropriated Funds

C. Amount of funding available

\$ 450,000

D. Performance and Funding Period

The anticipated performance and funding period is one year (12 months).

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives, and continued availability of funds. CHA reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each target population covered in all program areas.

E. Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Non-profit 501 (C) (3) organizations and community-based organizations serving residents of the District of Columbia. Private, for-profit organizations, government agencies, schools (public, private, charter schools),
- Organizations meeting the above eligibility criteria and having documentation of providing services to intervention populations with high documented burdens of chronic diseases, conditions and risk factors and with the following experience and support in place: demonstrated success working with multiple sectors or experience

working with community, or other leaders, as appropriate, and a demonstrated track record of improving community outcomes (including documented evaluations) through policy, environmental, programmatic and infrastructure strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA.

- Experience working on Traumatic Brain Injury (TBI) and/or concussion issues and with TBI vulnerable populations.
- A track record of providing services to youth in the school setting, after-school programs, or community based programs.
- Experience in planning and implementing evidence-based curriculum and/or training programs among targeted populations.

II. BACKGROUND & PURPOSE

A. Background

Traumatic Brain Injury (TBI)/concussion is a serious public health problem in the United States. According to the Center for Disease Control and Prevention (CDC), at least 1.7 million TBI cases occur either as an isolated injury or along with other injuries, annually. Each year, TBI contributes to a substantial number of deaths and cases of permanent disability.

Traumatic Brain Injury is defined by the CDC as “injuries that result from a blow or jolt to the head, or a penetrating injury to the head that disrupts function of the brain resulting in an impairment of behavioral, cognitive, emotional, and/or physical functioning.” The severity of such an injury may range from “mild,” i.e. a brief change in mental status or consciousness, to “severe,” i.e. an extended period of unconsciousness or amnesia after an injury. According to the CDC (2012), the majority of TBIs are mild, more commonly known as concussions.

The American Medical Society for Sports Medicine (AMSSM) defines concussion as “a subset of mild traumatic brain injury which is generally self-limited and at the less severe end of the brain injury spectrum” (Herman, et. al., 2013). Concussions result in a variety of physical, cognitive, emotional and/or sleep-related symptoms, which may or may not involve loss of consciousness. Proper management is essential to the immediate safety and long-term future of the injured individual. A concussion can be difficult to diagnose, and failing to recognize the signs and symptoms in a timely fashion can have dire consequences.

Research and medical evidence shows that adolescents are more susceptible to serious complications from concussions. In addition, concussion tend to be prevalent among youth athletes. The National High School Sports-Related Injury Surveillance Study (RIO Study) for school year 2011-2012 noted concussions as the highest occurrence of reported injuries at 22.2% (Comstock, et. al., 2012). In addition the National Federation of State High School Association (NFHS) reports a significant increase in the number of school athletes experiencing concussions from 4 million participants in 1971-72 to an estimated 7.6 million participants in 2011-12 (2012).

Most athletes who experience a concussion can recover completely as long as they do not return to play prematurely. The effects of repeated concussions can be cumulative, and after a concussion, there is a period in which the brain is particularly vulnerable to further injury. Especially, if the youth athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly and the consequences of a seemingly mild second concussion can be very severe, and even result in death (i.e., “second impact syndrome”) (Vagnozzi, et. al., 2010). In addition, Medical evidence confirms that allowing time for the brain to heal by providing physical and cognitive rest and protection from a second injury is particularly important in reducing the more serious complications of concussions (Valovich-McLeod & Gioia, 2010).

B. District of Columbia Perspective

The District of Columbia has taken strides to address the complicated and evolving issues of concussion awareness and protection through legislation. On January 4, 2011, B19-007, the “Athletic Concussion Protection Act of 2011”. The purpose of the legislation is to protect individuals who participate in athletic activities in the District from long-term health dangers associated with failure to properly recognize, treat, and recover from a concussion sustained during play. The final rules became effective upon publication of a Notice of Final Rulemaking in the DC Register on September 29, 2014.

The provisions of the legislation applies to:

1. Any athletic activity sponsored by a school;
2. Any athletic activity sponsored by the Department of Parks and Recreation;
3. Any athletic activity sponsored by a private for-profit or nonprofit organization regardless of where that activity occurs in the District.

The legislation requires:

1. Training and Certification
 - a. Coaches, athletic trainers, PE teachers and any person(s) overseeing an athletic activity will be required to take a concussion training and provide their sponsoring organization or entity a certificate of completion prior to the commencement of the athletic activity.
 - b. Each person shall renew concussion training and provide the sponsoring organization or entity with a certificate of completion every two (2) years.
 - c. Schools that offer an athletic activity shall provide training to school personnel on signs and symptoms of concussion and their manifestations in a school setting.
 - d. School personnel that interact with an athlete removed from athletic activity due to head injury shall receive information on the athlete’s injury and its specific symptom manifestations.
2. Removal from play and return to play
 - a. An athlete suspected of sustaining a concussion during an athletic activity shall be removed from play and prohibited from returning until the athlete has received written clearance from a licensed medical doctor.

C. Partners

Office of the Superintendent of Schools and Education (OSSE): The Office of the State Superintendent of Education (OSSE) is the State Education Agency for the District of Columbia that manages the quality of education for all DC residents. OSSE serves as the District’s liaison to the U.S. Department of Education and works closely with the District’s public and charter schools to achieve its key functions (listed on osse.dc.gov). The District of Columbia State Athletic Association (DCSAA), also known as the State Athletic Office (SAO), working under OSSE, has developed a new Coach Credentialing program covering any sport conducted in all DC schools. DCSAA has partnered with the Red Cross and ServeDC to offer concussion, CPR, First Aid and Automated External Defibrillator

(AED) training sessions to all the District's Interscholastic Athletic Coaches. The coaches are expected to renew their coaching credentials every two (2) years with additional training.

According to the DC Children and Youth Investment Trust Corporation ("Coaches – Improving Youth Outcomes On and Off the Field", 2014), DC Public Schools (DCPS), the DPR, and DCSAA operate a majority of the District's youth sports leagues and programs; and employ the majority of youth sports coaches in the city. These agencies reported a total of approximately 1600 coaches; and other community-based youth sports programs worked with an estimated 800 coaches. These agencies require that the coaches be trained in CPR/First Aid and concussion prevention/acclimatization awareness, and vital supports to ensure the safety and wellbeing of youth athletes. However, each of these agencies have their own separate training programs and tracking systems. Given these existing efforts, this RFA aims to align current coaches training programs with legislation requirements, consolidate resources, and develop a more comprehensive integrated concussion care and training program that will be used by all the agencies.

DC Department of Parks & Recreation (DPR): All contact sport coaches are required to take concussion training annually which provides coaches with the following information: what is a concussion, signs and symptoms of a concussion, and what to do when a concussion occurs. This training is provided through USA Football Heads Up program in conjunction with the CDC Heads Up Concussion training program. The training is completed online.

With the September 2014 notification to DPR of the DOH Final Rulemaking adding Chapter B-620 "Concussion Protection" the following requirements were added to DPR's current training program: All non-contact sport coaches and DPR recreation specialists that implement an athletic activity are required to take an online concussion training via the CDC Heads Up online program or NFHS Concussion in Sports. DPR Sports, Health & Fitness requires coaches to complete the training annually.

Brain Injury Association of Washington, DC (BIADC) was founded 2007, by a group of individuals dedicated to the improvement of the lives of persons impacted by brain injury. The mission of the BIADC is to create a better future for persons who suffers from a brain injury through prevention, research, education, and funding. The BIADC has worked as advocate and lobbying group to the Mayor and City Council to include TBI funding in its annual budget for services and supports needed for persons with TBI and their families. The DOH TBI Program collaborated with the BIADC to advocate for the rule making legislation and passing of the Concussion Protection Act. DOH TBI program continues to work with BIADC in the promotion and implementation of the Concussion Protection Act. BIADC will play a vital role in bringing awareness of the legislation and its requirements to the general public and those directly affected by the legislation.

D. Problem Statement

Research indicates a significant increase in the incidence of sports-related concussion, one of the most complex injuries to identify and manage. To protect vulnerable populations such as youth athletes, concussion management and identification guidelines and recommendations have been developed and implemented on the national level. However, not all schools nor, public and private youth athletic programs have adopted these guidelines. Subsequent to the District's passage of the "Concussion

Protection Act of 2011”, the DOH Director passed a Notice of Final Rulemaking (amendments to Chapter 6 Protection of Minors) as required by Section 4(a) of the Act requiring concussion training for coaches and athletic trainers of youth athletes and the implementation of “removal from play and return to play” guidelines in District schools, athletic leagues and other youth sports programs. The training requirement of the legislation, however, has not been implemented. The RFA aims to accomplish all the requirements of the legislation.

E. Purpose

The District of Columbia, Department of Health (DOH) Community Health Administration, is soliciting applications from eligible organizations located in the District and licensed to conduct business within the District of Columbia to develop a District concussion protocol, create a concussion care training program and promote general awareness through a media campaign to execute the requirements of the District’s “Concussion Protection Act of 2011.”

If funded, the applicant shall be responsible for the following deliverables:

1. Review evidence-based national protocols and training programs, including the CDC Concussion in Sports-Heads Up (<http://cdc.gov/concussion/headsup/training>) and facilitate development of a customized protocol that meets the requirements of the legislation;
2. Create training curricula in the following formats a) train the trainer for identified personnel who interact with youth athletes including parents, coaches, athletic trainers, physical education teachers, parks and recreation personnel and school personnel (in-person); b) direct training for people who interact with youth athletes including parents, coaches, athletic trainers, physical education teachers, parks and recreation personnel and school personnel; and c. internet-based training for people who interact with youth athletes including parents, coaches, athletic trainers, physical education teachers, parks and recreation personnel and school personnel (on-line);
3. Plan and implement a media campaign promoting concussion care management training for parents, coaches, athletic trainers, physical education teachers, parks and recreation personnel and school personnel.

III. PERFORMANCE REQUIREMENTS

A. Priority Strategies

Applicants are encouraged to utilize strategies that:

- **Develop** sustainable strategies that can be shared, duplicated and-or expanded with minimal resources beyond the life of the grant;
- **Empower and mobilize** targeted population with training and training materials to address the priority topic area;
- Are **innovative and explore** new (evidenced-based) approaches to addressing long-standing entrenched problems regarding concussion protection.

B. Target Population

- Youth athletes under 18 years participating in any type of athletic activity at any for-profit or non-profit organization (i.e. youth leagues, after school programs), community-based organization, government agency (e.g. organized sports through Department of Parks and Recreation), public, private or charter schools.
- Parents or guardians of youth athletes
- Coaches and Athletic trainers
- Physical education teachers
- School nurses

C. Priority Settings

- Public, charter and private schools in the District
- Parks and Recreation sport programs in the District
- Athletic after-school programs in the District
- Youth athletic leagues operating in the District

D. Outcomes

Short-term Outcomes

- Increased concussion knowledge and awareness
- Increased awareness of “Concussion Care Management and related Training”
- Increased access to educational materials and resources
- Increased number of coaches, student-athletes, parents, athletic trainers, physical education teachers, parks and recreation personnel and school personnel using the DOH approved training manual on concussion protection and management
- Increased number of schools and athletic leagues with ‘removal from play’ and ‘return to play policies/protocols’

Intermediate Outcomes

- Increased number of schools, athletic leagues and youth athletic programs in compliance with concussion legislation
- Reduction in number of complications due to concussion

Long-term Outcomes

- Reduced rates of death and disability due to concussion among District youth athletes
- 100% compliance in the “Concussion Protection Act” requirements among District public, private, and charter schools; athletic leagues; and non-profit and for-profit sponsored athletic programs in the District.

E. Impact

- Premature death and disability averted
- Improved quality of life

- Medical costs averted

F. Priorities and Activities of Concern

This portion of the solicitation outlines the four (4) priority areas and activities of the RFA and includes examples of evidence-based strategies and recommendations for inclusion in the RFA response. Proposed activities should be consistent with the requirements of the “Concussion Protection Act”.

1. Priority Areas

- **Priority Area 1:** Creating Awareness:
- **Priority Area 2:** Training (Train the Trainer) utilizing the DOH approved Concussion Care Training Curriculum
- **Priority Area 3:** Policy and Protocol Development
- **Priority Area 4:** Evaluation and Performance Measurement Plan

2. Activities

Priority Area 1- Concussion Awareness:

The awardee will design a concussion media campaign that will aim to increase general concussion awareness as well as the Concussion Protection Act and its requirements among student athletes, parents/guardians of student-athletes, coaches/trainers, schools (administrators, teachers, and school nurses), and physicians, and other health care providers, if appropriate.

Priority Area 2 - Concussion Training (Train the Trainer) and Certification of Completed Training:

Awardees will develop and implement concussion training programs for youth sports coaches/trainers, physical education teachers, school nurses, parents/guardians and student-athletes on: concussion prevention; mechanism; recognition and referral; appropriate return to play; physical and cognitive restrictions for injured athletes; and ramifications of improper concussion management.

Training will take place utilizing a DOH Approved Curriculum: The awardee will identify and review evidence-based concussion protection training programs including those used by OSSE, DPR and others such as the CDC’s Heads Up: Concussion in Youth Sports Tool Kit (<http://cdc.gov/concussion/headsup/training/>).

The awardee is expected to establish a Memorandum of Understanding on information sharing in collaboration with District of Columbia’s Office of State Superintendent of Education (OSSE), Department of Parks and Recreation (DPR), DC Brain Injury Association (DCBIA) and other community partners. Every 30 days the awardee will provide an updated version of the database in the approved format (i.e. MS Excel, MS Access) to the DOH to be uploaded to the DC Chronic Disease Surveillance System.

Priority Area 3: Policy and Protocol Development: Awardee shall work OSSE, DPR, DCBIA and community partners to develop policies and procedures pertaining to training of coaches, PE Teachers,

athletic trainers, and parents on handling of suspected concussions among student-athletes and return to play protocol.

Priority Area 4 –Evaluation and Performance Measurement Plan: The awardee’s Evaluation and Performance Measurement plan shall contain progress on tracking and completion of short and long term outcome indicators on a quarterly basis.

A logic model (Appendix E), summarizes the strategies and activities outlined in this RFA

G. Collaboration

The awardee is expected to work with OSSE, DPR and DC BIA in coordinating efforts, ensuring buy-in and sustainability of all activities. Awardee should provide documentation supporting collaborative partnership(s) with the above organizations.

IV. ADMINISTRATIVE REQUIREMENTS

A. Grant Uses

- The grant awarded under this RFA shall be used exclusively to pay costs associated with the implementation of the grant.
- Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Grant Award (NOGA) will be required to:

- Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-award negotiations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the Department of Health and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
- Utilize Performance Monitoring & Reporting tools developed and approved by DOH.

C. Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies.

D. Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to A-133 rules must have available and submit as requested the most recent audit reports, as requested by DOH personnel.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving Preventive Health and Health Services Block Grant funds under this RFA.

G. Quality Assurance

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantees will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

V. APPLICATION REQUIREMENTS:

Applicant will provide the following:

Program Overview

- Persons to be reached
- Interventions/ Program Models
- Recipient Responsibilities/Activities
- Describe current capacity to support the activities identified in the recipient activities.
- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population related to chronic diseases, conditions or risk factors.

Background and Need

- Describe current capacity to support the activities identified in the recipient activities.
- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population related to chronic diseases, conditions or risk factors.

Organizational Capacity

- Describe experience in serving the target population(s).
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe additional sources of funding the program will pursue.

Partnerships, Linkages, and Referrals

- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the implementation, and evaluation, if applicable to the applicant's implementation plan.
- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Provide letters of commitment and evidence of support and connections with other agencies and organizations across multiple relevant sectors pertinent to the accomplishment of the selected outcome measures.
- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

Project Description (Implementation Narrative) and Work Plan

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources. Describe how objectives will align with "Concussion Protection Act".
- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix D. The work plan should propose Process and Outcome Objectives; identify selected activities; describe key milestones/indicators, and timelines; estimate reach, identify lead individuals or organizations, and data sources for performance monitoring. **Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). [Include your Work Plan as Appendix D.]**

Performance Monitoring and Evaluation

- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.
- Describe a plan for developing at least two unique dissemination products about the successes, lessons learned, and results of your project. Products can include but are not limited to poster for poster session, journal article, report or brief, plan, or abstract/presentation of results at a conference.

Budget and Budget Justification Narrative

Include the budget and budget justification narrative as separate attachments, not to be counted in the narrative page limit. The line item budget and budget narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the program.

VI. EVALUATION CRITERIA

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

A. Background and Need (10 points)

- Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions;
- Demonstrates current capacity to perform the work of the RFA as described in the application submitted, including past successes in improving health outcomes and discussed challenges and how they were addressed in implementing policy, environmental, programmatic, and infrastructure strategies.

B. Organizational Capacity (20 Points)

- Demonstrates experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)
- Demonstrates that proposed staff or key persons and recruitment plans consistent with the applicant's ability to carry out proposed activities.
- Demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative.
- Demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements.
- Has the applicant provided strong sustainability plans including identification of additional sources of funding to leverage and the ability to capture and report that information?

C. Partnerships, Linkages, and Referrals (15 Points)

- Demonstrate how organization activities support the applicant's ability to carry out activities under this program.
- Are appropriate letters of support/commitment included, clearly outlining a commitment to proposed activities?
- Demonstrate their experience and past success collaborating with other organizations to improve community outcomes as well as plans for new community collaboration.

D. Implementation Narrative and Work Plan (40 points)

- Does the applicant's proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the intervention population, including in relation to health disparities?
- Demonstrate that proposed strategies strive to align with the District's concussion legislation, and national guidelines and recommendations.
- Does the applicant demonstrate proven ability to effectively engage and involve the targeted populations or communities, including implementation of culturally and age appropriate strategies?
- Does the applicant provide estimated population reach for selected outcomes and objectives?
- Demonstrate that the proposed plan provides a foundation for sustainability of efforts.
- Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

E. Performance Monitoring and Evaluation (15 Points)

- Demonstrate how performance monitoring plan shall allow for continuous program improvement
- Does the monitoring measure the program's success and health impact?
- Demonstrate sufficient ability to collect data specific to identified population(s).
- Are the measures of effectiveness included in the application and related to the performance goals stated in the "Background & Purpose" section?

F. Budget and Budget Justification Narrative (Reviewed, but not scored)

- Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives, planned program activities, target populations and numbers served?

VII. APPLICATION SUBMISSION

A. Application Package

Only one (1) application per organization will be accepted. Multiple applications for a single Program Area submitted by one organization will be deemed ineligible and not forwarded to the external review panel. If an organization is applying for more than one Program Area, the organization has to submit one application per Program Area. A Complete **Application Package** shall contain the following:

- A DOH Application for Grant Funding (NEW FORM)
- Project Narrative (See Section VII B - Application Elements)
- Attachments (See Section VII B – Application Elements)

- Assurance & Certification Packet (See Section VII E – Assurances)

B. Application Elements - Project Narrative & Attachments

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Project Description
- Performance Monitoring & Evaluation
- Attachments
 - Work Plan (Attachment - Required Template)
 - Budget (Attachment - Required Template – Not Scored)
 - Logic Model (Optional)
 - Letters of Support
 - Position Descriptions (if applicable)

C. Pre-Application Conference

A Pre-Application Conference will be held on **December 2, 2014 from 2:00 p.m. to 4:00 p.m.** The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held in the District of Columbia Department of Health at **899 North Capitol Street, NE, 3rd Floor Conference Room 306**, Washington, DC 20002.

D. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting bryan.cheseman@dc.gov. Please be sure to put “**RFA Contact Information**” in the subject box.

Name of Organization
 Key Contact
 Mailing Address
 Telephone and Fax Number
 E-mail Address

This information shall be used to provide updates and/or addenda to the RFA.

E. Assurances & Certifications

DOH requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package. The assurance package must be submitted along with the application. Only ONE package is required per submission.

DOH classifies assurances packages as two types: those “required to be submitted along with applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

Assurances Required to Submit Applications (Pre-Application Assurances)

- Signed Assurances and Certifications
 - a. DOH statement of Certification (appendix I)
 - b. Federal Assurances (appendix I)
 - c. Certifications (appendix I)
- Current Certification of Clean Hands from the Office of Tax and Revenue
- 501 (c) 3 Certification or Articles of Incorporation
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

Assurances required for signing grant agreements for funds awarded through this RFA (Post Award Assurances)

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment O)
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by this award funds
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

F. Format

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point unrounded
- Spacing: Double-spaced

- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
- Page limit: narrative 20 pages and 50 pages limit for (narrative, budget & justification, work plan, and all other attachments)

G. Submission

Submit one (1) original hard copy along with three (3) additional hard copies to the Community Health Administration by **4:00pm on December 22, 2014**. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
899 North Capitol Street, N.E.
3rd Floor, Conference Room 306
Washington, DC 20002

H. Contact Information

Grants Management

Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
202.442.9339
bryan.cheseman@dc.gov

Program Contact

Sherry Billings
Program Director
Preventive Health and Health Services Block Grant
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
202.442.9173
Sherry.billings@dc.gov

VIII. APPLICATION REVIEW AND SELECTION INFORMATION

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.
- Applications' external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award.
- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.

IX. APPENDICES

- A. Definitions**
- B. Calculating Reach**
- C. Resources**
- D. Work Plan Template**
- E. Logic Model**
- F. Budget Format and Guidance**
- G. DOH Application for Grant Funding (NEW)**
- H. Applicant Receipt**
- I. Assurances & Certifications**

APPENDIX A: DEFINITIONS

For the purposes of this RFA, please use the following definitions as guidance:

Student-athlete/ youth-athlete:	A person who engages in athletic activity who is eighteen (18) years of age or younger.
Athletic activity:	A program or event, including practice and competition, organized as part of a school-sponsored, interscholastic-athletic program, an athletic program sponsored by the Department of Parks and Recreation, or an athletic program sponsored by a non-profit or for-profit organization. The term includes participation in physical education classes that are part of a school curriculum.
Concussion:	A traumatic injury to the brain that causes a change in a person's mental status at the time of injury, such as feeling dazed, disoriented, or confused, which may involve a loss of consciousness, resulting from: <ul style="list-style-type: none"> a) A fall; b) A blow or jolt to the head or body; c) Shaking or spinning of the head or body; or d) Acceleration and deceleration of the head.
Department:	The Department of Health
Reach:	Estimated number of unique individuals impacted by the program initiatives. The count never exceeds a community Census figure.
Process objectives:	Describe the number of individuals that will be reached, the demographics of those individuals, the number of materials and literature/information packets distributed, the number of planning/collaborative meetings, number of TTT sessions etc.
	<p>Describe the changes in knowledge, attitudes, behavior that will take place as a result of implementing training sessions. Use the format shown in the example below for stating the proposal's goals and objectives:</p> <p><u>Example:</u></p> <p>Priority Area: Training and Certification</p> <p>Goal #1: Increase the number of coaches, athletic trainers, school personnel (such as school nurses, PE teachers, and administrators) trained on concussion.</p> <p>Objective: By the end of the 12th month of the project, ____</p>

	<p>number of target population would have participated in a train-the-trainer (TTT) program and received their concussion certification.</p> <p>Activity #1 – Identify a concussion curriculum and develop a TTT module within the first four months of start of project.</p> <p>Activity #2 - Collaborate with organizations and schools to identify key personnel to be trained in the TTT program by the end of first four months of the start of the project.</p> <p>Activity #3 – Initiate and implement the TTT program by the start of the fourth month and continue TTT program on an ongoing basis.</p> <p>Activity #4 - Track number trained and certified using the tracking database on an ongoing basis.</p> <p>Activity #5 - Identify barriers to and facilitators for successful TTT program and make modifications as needed on an ongoing basis.</p>
School:	A public school operated under the authority of the Mayor, a public charter school, a parochial school, or a private school.

APPENDIX B: CALCULATING REACH

What is Reach?

Estimated number of unique individuals exposed to media campaign and concussion training program

Why do we Need to Measure the Reach of our Interventions?

- Assure and quantify we have the greatest impact
- Used to monitor PHHSBG performance by CDC Director
- Used to meet CDC reporting requirements for HHS
- Used in Congressional Budget Justification
- Used to inform evaluators, awardees, partners, media, and others

Sample Question Answered by Reach

- How many schools across the District participated in the concussion training program?
 - How many students are impacted?
 - How many of these students are at high risk for concussion?

Limitations of Reach Data

- Do not consider 'dose' or effect size of interventions
- Are estimates only
- Provide snapshots in time for continually changing numbers
- Assume fidelity of implementation of practice and evidence-based strategies
- Cannot gauge health outcomes

APPENDIX C: RESOURCES

Heads up: Concussion in Youth Sports: <http://www.cdc.gov/concussion/headsup/youth.html>

SPORT© and InShape© Classroom Lessons:

<http://preventionpluswellness.com/free-classroom-lessons/>

SPORT© Parent-Youth Flyers:

<http://preventionpluswellness.com/free-parent-youth-prevention-materials/>

SPORT© and InShape© Booklets:

<http://preventionpluswellness.com/free-youth-booklets/>

Find out more about PPW's Mission to help youth-serving non-profits:

<http://preventionpluswellness.com/>

APPENDIX D: WORK PLAN TEMPLATE 2.0

Applicant Organization
 Contact Person:
 Telephone:
 Email Address:
 Estimated Reach:

DOH RFA# CHA_CCTP112114
 RFA Title: Concussion Care & Training Program
 Project Title:
 Total Request \$:
 Cost Per Beneficiary: Page 1 of _____

PROPOSED WORK PLAN*

SMART GOAL 1: **Insert in this space one proposed project goal.** Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below. Identify key persons and roles.

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partners:

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Objective #1.2:

Key Indicator(s):

Key Partners:

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Objective #1.3:

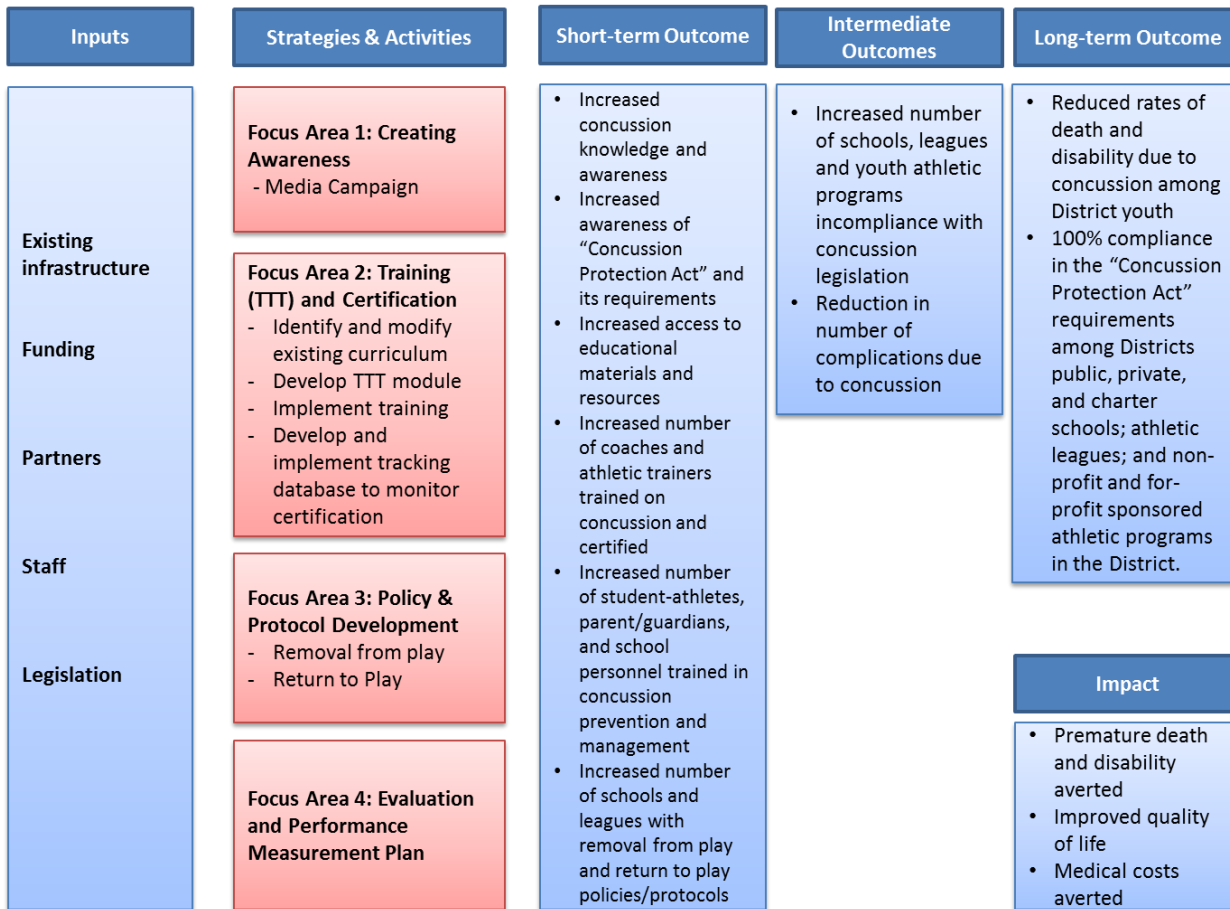
Key Indicator(s):

Key Partners:

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Continue with this format to outline additional goals and related process objectives.

APPENDIX E: LOGIC MODEL



APPENDIX F: BUDGET FORMAT

For additional guidance <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

The following is a sample format to complete your budget narrative

A. Salaries and Wages

Total: \$

Name	Position Title	Annual Salary	Time	Months	Amount Requested

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits

Total: \$

Fringe benefits are applicable to direct salaries and are treated as direct costs. The fringe benefit rate for the government of the District of Columbia is 10% of [insert salaries total] salaries, \$ x 10 % = \$.

C. Consultants/Contracts

Total: \$

Contractor #1		\$
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive
*If Sole Source - include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of Contract	End Date of Contract

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment

Total: \$

E. Supplies

Total: \$

General office supplies (pens, paper, etc.) \$1,200.00
(18 months x \$300/year x 2 staff)

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the grant.

F. Travel

Total: \$

Provide details and rationale for proposed in-state and out of state travel

G. Other

Total: \$

Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost

Total: \$

Salary and Wages	
Fringe	
Contracts	
Equipment	
Supplies	
Travel	
Other	
Total Direct	

I. Total Indirect Cost


Total: \$

Indirect cost is calculated as a percentage of total personnel cost
(Salary \$___ + fringe benefits \$ ___ x 10%)

J. Total Financial Request Summary

Salary and Wages	
Fringe	
Contracts/Consultant	
Equipment	
Supplies	
Travel	
Other	
Total Direct	
Indirect Cost	
Total Financial Request	

APPENDIX G: APPLICATION FOR GRANT FUNDING

		Department of Health District of Columbia Application for Grant Funding	
RFA #		RFA Title:	Concussion Care & Training Program
Release Date:		DOH Administrative Unit:	Community Health Administration
Due Date:		Fund Authorization:	Pursuant to terms of CDC NOA# DC local
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> Non-competitive Continuation			
<p>The following documents should be submitted to complete the Application Package:</p> <ul style="list-style-type: none"> DOH Application for Grant Funding (inclusive of DOH & Federal Assurances & Certifications) Project Narrative (as per the RFA Guidance) Project Work Plan (per the RFA Guidance) Budget and Narrative Justification All Required attachments An Assurance and Certification Package 			
<p>Complete the Sections Below. All information requested is mandatory.</p>			
1. Applicant Profile:		2. Contact Information:	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			
3. Application Profile:			
	Program Area:	Funding Request:	
Select One Only:			
<p>Proposal Description: 200 word limit</p>			
<p>Enter Name & Title of Authorized Representative _____ Date _____</p>			

APPENDIX H: APPLICATION RECEIPT



Application Receipt for RFA# CHACCTP112114

The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA# CHA CCTP112114. The application package has been submitted by an authorized representative for the following organization:

(Applicant Organization Name)

(Address, City, State, Zip Code)

(Telephone)

(Fax)

(E-mail Address)

Submitted by: _____

(Contact Name/Please Print Clearly)

(Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____

2. Amount Requested: _____

3. Program / Service Area for which funds are requested in the attached application: *(check one)*

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: ____ / ____ / 2014	
Time Received: _____	
Received by: _____ Tracking # _____	

District of Columbia Department of Health Use Only

APPENDIX I: ASSURANCES AND CERTIFICATIONS



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Statement of Certification for a DOH Notice of Grant Award

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to

perform the grant. In this connection, Agencies may report their experience with an Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.

- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded , will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Statement of Assurances to Comply with Federal Assurances

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR,

Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment,

rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
 - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85et.seq.
 - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)
 - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
 - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
 - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
 - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
 - i) Executive Order 12459 (Debarment, Suspension and Exclusion)
 - j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
 - k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
 - l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
 - m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
 - n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
 - o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
 - p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Certifications Regarding

Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The Grantee certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
 - (7) Abide by the terms of the statement; and
 - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
 - (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).
 - (11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:
Place of Performance (Street address, city, county, state, zip code)
Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67.615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

SIGNATURE